

Exhibit E

APR. 26. 2005 11:21AM

MORGAN SHELSBY LEONI

NO. 9698 P. 2

MORGAN SHELSBY & LEONI

ALAN M. CARLO (MD, DC, CT)
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OF COUNSEL
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302-454-7430
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OFFICE ALSO IN HUNT VALLEY, MD

April 26, 2005

Via Fax 472-8135 & Mail
John S. Spadaro, Esquire
MURPHY SPADARO & LONDON
1011 Centre Road
Suite 210
Wilmington, DE 19805

Re: Eames v. Nationwide
C.A. No. 04-CV-1324 KAJ

Dear John:

As you know, I represent the Hoban, Deaton, Broadbent and Truitt agencies in reference to the subpoenas which you issued. I am enclosing the documents which I believe are the only documents responsive to your subpoenas. These are form documents which are duplicated many times in the client files of the agencies. We objected to production of the actual documents in the client files because those documents are confidential trade secrets and not relevant to the litigation, as I understand it. In addition, it would be very burdensome and expensive for the deponents, and would be an exercise in futility because the same forms were used for the clients, and we would be producing redacted copies of those forms.

Please call me with any questions.

Sincerely,


Robert J. Leoni

RJL:bd

cc: Curtis Cheyney, Esquire (via fax 215 299-4301 & Mail)

APR. 26. 2005 11:21AM

MORGAN SHELSBY LEONI



Home Office:
One Nationwide Plaza
Columbus, OH 43215-2220

AUTOMOBILE INSURANCE APPLICATION**COMPANY: NATIONWIDE PROPERTY & CASUALTY CO.**

POLICY NUMBER:
POLICY EFFECTIVE DATE:

COUNTY: 001 TERRITORY:
POLICY EXPIRATION DATE:

NAME: DEBRA
HOME PHONE: 302-

WORK PHONE: 302-**ADDRESS:**

PRIOR NONE
ADDRESS:

DOVER
ST: DE ZIP:

PREVIOUS INSURER:**PREVIOUS POLICY NUMBERS:**

NAME	DRIVER'S LICENSE ST NUMBER DE	MAR	BIRTH DATE	SEX	EXP DR -TYP	SSN

CHILDREN NOT YET OF DRIVING AGE:**ACCIDENTS****HAS ANY DRIVER IN THE HOUSEHOLD HAD ANY ACCIDENTS DURING THE PAST 3 YEARS?****VIOLATIONS**

HAS ANY DRIVER IN THE HOUSEHOLD HAD ANY VIOLATIONS DURING THE PAST 3 YEARS FOR WHICH THERE WAS A CONVICTION OR FORFEITURE OF BAIL FOR ANY MOTOR VEH OFFENSE (3 YEARS FOR ALCOHOL/DRUG RELATED VIOLATIONS SUCH AS DWI, DUI)?

PRIOR COMPREHENSIVE CLAIMS

HAS ANY MEMBER IN THE HOUSEHOLD SUBMITTED CLAIMS TO AN INSURER IN THE PAST 5 YEARS FOR ANY INCIDENTS OTHER THAN ACCIDENTS (SUCH AS THEFT, HAIL, VANDALISM, CRACKED WINDSHIELD, T&L)?

NUMBER OF THESE CLAIMS:**GENERAL INFORMATION**

1. DOES ANY DRIVER HAVE A PHYSICAL OR EMOTIONAL IMPAIRMENT THAT WOULD DIMINISH HIS OR HER ABILITY TO DRIVE?
 2. DOES ANY DRIVER HAVE A LICENSE RESTRICTION OTHER THAN GLASSES?
 3. HAS ANY DRIVER BEEN CONVICTED OF A CRIMINAL OFFENSE?
 4. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD FILED BANKRUPTCY OR HAD REPOSSESSIONS OR JUDGMENTS IN PAST 5 YEARS?
 5. HAVE YOU BEEN A RESIDENT OF YOUR COMMUNITY LESS THAN 2 YEARS?
 6. IS UNMARRIED OWNER OR PRINCIPAL DRIVER UNDER AGE 25?
- PARENTS POLICY NUMBERS:**

APR. 26. 2005. 11:21AM MORGAN SHELBY LEONI
DEFIUN AGENCY FAX NO. :3027345240

Apr. 21 2005 05:56PM PE



Home Office:
One Nationwide Plaza
Columbus, OH 43215-2220

POLICY NUMBER

EMPLOYMENT HISTORY OF PRINCIPAL WAGE EARNER

DATES

COMPANY

OCCUPATION

VEHICLE INFORMATION

MY MAKE SERIES

VIN

VT

RATE ADDTL
SYMBOL AMT

BODY
DMG PR HP STYLE

CLASSIFICATION INFORMATION

WEEKLY
USE COMMUTE

DRIVER BIRTH
CLASS DATE

HC LT GS CP MC DD

ANN
MILE

SUB
CLASS

APR. 26. 2005 11:21AM MORGAN SHELBY LEONI
IN DEF. CITY AGENCY FAX NO. :3027345248

Apr. 21 2005 05:57PM P7

Home Office:
One Nationwide Plaza
Columbus, OH 43215-2280

POLICY NUMBER 52H066619

COVERAGES

VEH 1

BODILY INJURY

50/100

PROPERTY DAMAGE

50000

PERSONAL INJURY PROTECTION

FULL

ADDL. PERS. INJ. PROTECTION

35/70

TOWING & LABOR

TOTAL PREMIUM: _____

POLICY COVERAGE

TERM PREMIUM:

PAY PLAN:

INSTALLMENT PREMIUM:

AMOUNT COLLECTED: _____

FAPR. 26. 2005 11:21AM MORGAN SHELBY LEONI
IN DELIVERY AGENCY FAX NO. :3027345240

Apr. 21 2005 05:57PM PG

Home Office:
One Nationwide Plaza
Columbus, OH 43215-1820

POLICY NUMBER

CLOSING STATEMENT

I HAVE RECEIVED AND READ A COPY OF THE 'NATIONWIDE INSURANCE PRIVACY STATEMENT'. BY SUBMITTING THIS APPLICATION, I AM APPLYING FOR ISSUANCE OF A POLICY OF INSURANCE AND, AT ITS EXPIRATION, FOR APPROPRIATE RENEWAL POLICIES ISSUED BY NATIONWIDE MUTUAL INSURANCE COMPANY AND/OR OTHER MEMBERS OF THE NATIONWIDE GROUP OF INSURANCE COMPANIES. I UNDERSTAND AND AGREE THAT ANY INFORMATION ABOUT ME THAT IS CONTAINED IN, OR THAT IS OBTAINED IN CONNECTION WITH, THIS APPLICATION OR ANY POLICY ISSUED TO ME MAY BE USED BY ANY COMPANY WITHIN THE NATIONWIDE GROUP TO ISSUE, REVIEW, AND RENEW THE INSURANCE FOR WHICH I AM APPLYING.

I AGREE THAT IF MY PREMIUM REMITTANCE IS NOT HONORED BY THE BANK, NO COVERAGE WILL BE BOUND. I ALSO UNDERSTAND THAT MISREPRESENTATION OF INFORMATION ON THIS APPLICATION COULD VOID SOME OR ALL OF MY COVERAGES.

I have read and signed the Delaware Motorist Protection Act form, required by Delaware statute and have selected the coverage and limits requested hereon.

APPLICANT'S SIGNATURE

DATE

AGENT:

DATE

NO. 9698 P. 7

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MORGAN SHELSBY LEONI
NATIONWIDE GLENN DEKON AGENCY FAX NO. :3027345240

Apr. 21 2005 05:58PM P9



Home Office:
One Nationwide Plaza
Columbus, OH 43215-2220

AUTO MEMORANDUM OF INSURANCE

POLICY NUMBER:
POLICY HOLDER:

POLICY EFF DATE:
POLICY EXP DATE:

IMPORTANT NOTICE

THIS MEMORANDUM OF INSURANCE PROVIDES BASIC INFORMATION REGARDING COVERAGE AND INTERESTS PROTECTED BY YOUR POLICY AS OF

NATIONWIDE GENERAL INSURANCE COMPANY (23760)

4F2C204155KH05465

COMPREHENSIVE
COLLISION
LIABILITY
PERSONAL INJURY PROTECTION
ADDITIONAL PERSONAL INJURY PROTECTION
LOSS OF USE
TOWING AND LABOR

ACV/DEM
600/OEM
300000
FULL
85/270
40/1100
T&L

POLICY COVERAGE
UNINSURED MOTORIST

300000 PD SUBJECT TO 250 PED

THIRD PARTY: LIENHOLDER

11943

DATE

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MORGAN SHELSBY LEONI

DELAWARE MOTORISTS' PROTECTION ACT
Required Statement to Policyholders**NATIONWIDE INSURANCE COMPANIES**
Home Office: Columbus, Ohio

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists' Protection Act:

• Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)

• Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)

• Property Damage Liability: (\$10,000 each accident)

• Damage to Property Other Than a Motor Vehicle: (\$10,000 included if Property Damage written)

Insured _____ Policy Number _____ Co. **Nationwide Mutual Fire Insurance Company** **NATIONWIDE INSURANCE**
Eff: _____ Vehicle(s) _____

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGES DESIRED	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C → <input type="checkbox"/> 2. Minimum Limits <input checked="" type="checkbox"/>	Bodily Injury Limits Each Person \$15,000 Each Accident \$30,000
2. PROPERTY DAMAGE LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C → <input type="checkbox"/> 2. Minimum Limits <input checked="" type="checkbox"/>	Property Damage Limits \$10,000
3. NO FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)	I WANT: 1. Additional Limits as shown in Column C → <input type="checkbox"/> 2. Minimum Limits <input type="checkbox"/> 3. Full Coverage with no Deductible <input type="checkbox"/> 4. Deductible Applicable to Named Insured only <input type="checkbox"/> 5. Deductible Applicable to Named Insured and Members of his household <input type="checkbox"/> 6. (Motorcycle Risks Only) Restricted Coverage- Excludes off the highway accidents and acci- dents when no other motor vehicle is involved <input type="checkbox"/>	Add'l Pers. Inj. Protection Limits Each Person Each Accident Yes No DEDUCTIBLE \$250 \$500 \$1,000 \$ \$250 \$500 \$1,000 \$
4. PHYSICAL DAMAGE	I WANT: 1. Collision → <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/> 2. Comprehensive → <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/>	DEDUCTIBLE Collision \$ Comprehensive \$
5. LOSS OF USE COVERAGE (Optional)	\$ 30 per day, \$ 500 Max. Available only with Comprehensive and/or Collision	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6. UNINSURED/UNDERINSURED VEHICLE COVERAGE* (Optional)(Available in limits up to the Bodily Injury Liability limits)	I WANT: 1. Minimum Limits (\$15,000/\$30,000) <input checked="" type="checkbox"/> 2. Bodily Injury Liability Policy Limit <input type="checkbox"/> 3. Other - Specify in Column C <input type="checkbox"/> 4. To reject this coverage entirely <input type="checkbox"/>	LIMITS Each Person \$ Each Accident \$

*Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

6a. UNINSURED/UNDERINSURED VEHICLE COVERAGE (Maximum available limits)I have been informed that I can purchase Uninsured/Underinsured Motor Vehicle Coverage limits up to 15/30 at a semi-annual cost of _____.

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above. I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to all vehicles described on this policy of insurance, on all future renewals of the policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request a change of such coverage in writing.

Signature of Named Insured _____

Date _____

Agent's Name Glenn Deaton Agency, Inc.

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from the company.

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS

My agent has informed me that I am considered a non-standard driver and has notified me of the availability of the Delaware Automobile ("Assigned Risk") Insurance Plan, which provides less expensive automobile insurance for some drivers.

Signature of Named Insured: _____

V-9120

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MORGAN SHELSBY LEONI

**DELAWARE MOTORISTS' PROTECTION ACT
Required Statement to Policyholders**NATIONWIDE INSURANCE COMPANIES
Home Office: Columbus, Ohio

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists' Protection Act:

- Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)
- Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
- Property Damage Liability: (\$10,000 each accident)
- Damage to Property Other Than a Motor Vehicle: (\$10,000 included if Property Damage written)

Insured _____ Policy Number _____ Co. Nationwide Mutual of
Nationwide Property
Casualty

Eff: _____ Vehicle(s): _____

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <input checked="" type="checkbox"/> 2. Minimum Limits <input type="checkbox"/>	Bodily Injury Limits Each Person Each Accident \$,000 \$,000
2. PROPERTY DAMAGE LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <input checked="" type="checkbox"/> 2. Minimum Limits <input type="checkbox"/>	Property Damage Limits \$,000
3. NO FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)	I WANT: 1. Additional Limits as shown in Column C <input checked="" type="checkbox"/> 2. Minimum Limits <input type="checkbox"/> 3. Full Coverage with no Deductible <input type="checkbox"/> 4. Deductible Applicable to Named Insured only <input type="checkbox"/> 5. Deductible Applicable to Named Insured and Members of his household <input type="checkbox"/> 6. (Motorcycle Riders Only) Restricted Coverage - Excludes off the highway accidents and accidents when no other motor vehicle is involved <input type="checkbox"/>	Personal Injury Protection Limits Each Person Each Accident \$,000 \$,000 Yes _____ No _____ DEDUCTIBLE <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ _____
4. PHYSICAL DAMAGE	I WANT: 1. Collision <input checked="" type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/> 2. Comprehensive <input checked="" type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/>	DEDUCTIBLE Collision \$ _____ Comprehensive \$ _____
5. LOSS OF USE COVERAGE (Optional)	\$ _____ per day \$ _____ Max. Available only with Comprehensive and/or Collision	Yes _____ No _____
6. UNINSURED/UNDERINSURED VEHICLE COVERAGE* (Optional) (Available in limits up to the Bodily Injury Liability Limits)	I WANT 1. Minimum Limits (\$15,000/\$30,000) <input type="checkbox"/> 2. Bodily Injury Liability Policy Limit <input type="checkbox"/> 3. Other - Specify in Column C <input type="checkbox"/> 4. To reject this coverage entirely <input type="checkbox"/>	LIMITS Each Person \$ _____ Each Accident \$ _____

*Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

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MORGAN SHELSBY LEONI

8a. UNINSURED/UNDERINSURED
VEHICLE COVERAGE
(Maximum available limits)

I have been informed that I can purchase Uninsured/Underinsured Vehicle Coverage limits up to _____
at a semi-annual cost of _____.

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above.

I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to all vehicles described on this policy of insurance, on all future renewals of the policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request a change of such coverage in writing.

Signature of Named Insured _____

Date _____

Agent's Name _____

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from the company.